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## Tax Check Waiver

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I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my application for/appointment to/membership in the IRS Advisory Council. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the IRS' Office of Government Liaison and Disclosure release the following information to the appropriate IRS officials, including but not limited to the National Director, Office of Public Liaison and Small Business Affairs.

### Check One:

1. Have I failed to timely file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any of the last three years for which filing of a return might have been required? (NOTE- If the filing date [without regard to extensions] and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.) ☐ No ☐ Yes
2. Have I failed to pay any tax, penalty, or interest liability during the current or last three calendar years within 10 days of the date on which the IRS gave notice of the amount due and requested payment? ☐ No ☐ Yes
3. Am I now or have I ever been under investigation by the IRS for possible criminal offenses? ☐ No ☐ Yes
4. Has any civil penalty for fraud been assessed against me during the current or last three calendar years? ☐ No ☐ Yes
5. If a return for any of the last three years was not filed, please explain why. If there was insufficient income to meet filing requirements or filing requirements were met by filing with a foreign tax agency (e.g., *Puerto Rico or the Virgin Islands*), please describe the circumstances on page 2. ☐ No ☐ Yes

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Names and Addresses shown on last three returns (if different from the information shown on page 2).

Year	Name(s)	Address
1. 19__	_____	_____
	_____	_____
2. 19__	_____	_____
	_____	_____
3. 19__	_____	_____
	_____	_____

[illegible]

Name	Social Security Number	
Home Address		
City	State	ZIP Code
Home telephone number	Business/Work telephone number	

Spouse's Name	Social Security Number
Signature	Date

Signature	Date
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## PRIVACY ACT STATEMENT

If you do not provide us with this information, it may adversely affect our ability to consider you. Any adverse information will be shared with the appropriate IRS office(s) and may be disclosed to other federal agencies as required by law. Requesting your Social Security Number, under authority E.O. 9397, is also voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it.